

<b>Case Number:</b>	CM14-0173185		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	08/21/2012
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Psychology and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 42 year-old female [REDACTED] with a date of injury of 8/21/12. The claimant sustained injuries to her neck and upper extremities while working as a locker room attendant for [REDACTED]. It is also reported that she developed symptoms of depression and anxiety secondary to her work-related orthopedic injuries however; she had not had any psychological treatment prior to the request under review. In his 9/25/14 "Psychiatric Progress Report", treating Psychiatrist, [REDACTED] diagnosed the claimant with: (1) Adjustment disorder with depressed, anxious mood; (2) Major depressive disorder, moderate; and (3) Pain disorder associated with both psychological factors and general medical condition. He recommended cognitive-behavioral treatment. The request under review is for an initial trial of 6 CBT psychotherapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**CBT 1 x 6 weeks:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and

Stress Chapter Cognitive therapy for depression Recommended. Cognitive behavior therapy for depression is recommended based on meta-analyses that compare its use with pharmaceuticals. Cognitive behavior therapy fared as well as antidepressant medication with severely depressed outpatients in four major comparisons. Effects may be longer lasting (80% relapse rate with antidepressants versus 25% with psych

**Decision rationale:** The California MTUS does not address the treatment of depression therefore; the Official Disability Guidelines (ODG) regarding the treatment of depression will be used as reference for this case. Based on the review of the medical records, the claimant has continued to experience chronic pain since her injury in August 2012. She has also been experiencing psychiatric symptoms of depression and anxiety secondary to her pain. She has been receiving psychiatric services with [REDACTED], who initially evaluated the claimant in June 2014. In the evaluation report and subsequent progress reports, [REDACTED] recommended cognitive-behavioral psychotherapy treatment in conjunction with the psychotropic medications. The ODG recommends that for the treatment of depression, there is to be an "initial trial of 6 visits over 6 weeks." Utilizing this guideline, the initial request for "CBT one times six weeks" is reasonable and therefore, medically necessary.